

Entered - 03/24/04 - sb
CL04L0189 - DIANNE C. MITCHELL

CLAIM OF: **HEATHER AND SCOTT TROTTER,**
through their insurance carrier,
The Hartford
P. O. Box 30773
Tampa, Florida 33630-3773

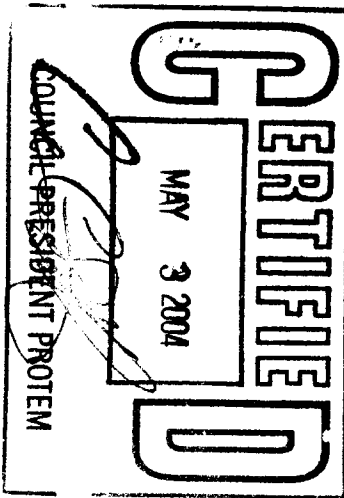
04-*ℓ*-0679

For damages alleged to have been sustained as a result of a vehicular accident on February 6, 2004 at Georgia 400 and Sydney Marcus Drive.

THIS ADVERSE REPORT IS APPROVED

BY:


JERRY L. DELOACH
DEPUTY CITY ATTORNEY



ADVERSE REPORT

PUBLIC SAFETY &

ADMINISTRATION COMMITTEE

DATE

4/27/04

1/1 CHAIR

Paul Stul

Mary Newman

Carla Smith

Clara Anderson

ADVERSED

MAY 03 2004



CITY OF ATLANTA
OFFICE OF MUNICIPAL CLERK

RHONDA DAUPHIN JOHNSON, CMC
MUNICIPAL CLERK

May 13, 2004

55 TRINITY AVENUE, S.W.
SECOND FLOOR, EAST
SUITE 2700
ATLANTA, GEORGIA 30303
(404) 330-6033
FAX (404) 658-6273

The Hartford
Insurance Carrier
Attn: Heather S. Miller
P.O. Box 30773
Tampa, Florida 33630-3773

04-R-0679

RE: Heather & Scott Trotter

Dear Ms. Miller:

I sincerely regret that your client has been adversely affected by the circumstances raised in his/her claim for damages against the City of Atlanta. Your time and patience in this matter has been greatly appreciated.

However, I must notify you that the Atlanta City Council Adopted an Adverse Report on your client's claim at its regular meeting on December 01, 2004. In consultation with the City's Law Department, who conducted an investigation of the situation, the Council has determined that the City cannot accept responsibility for this matter and therefore cannot pay this claim.

If you desire any further information, please contact the **City Attorney's Office/Claims Division** at (404) 330-6400.

Yours very truly,

Rhonda Dauphin Johnson, CMC
Municipal Clerk

cc: Claims Division/Law Department

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 04L0189

Date: April 13, 2004

Claimant /Victim HEATHER AND SCOTT TROTTER
BY: (Ins. Co.) The Hartford
Address: P. O. Box 30773, Tampa, Florida 33630- 3773
Subrogation: X Claim for Property damage \$ Not Stated Bodily Injury \$ _____
Date of Notice: _____ Method: Written, proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 02/06/04 Place: Georgia 400 and Sydney Marcus Drive
Department _____ Division: _____
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: The claimant alleges their vehicle was damaged due to a vehicle accident. However, the investigation determined that the City of Atlanta was not involved in this accident.

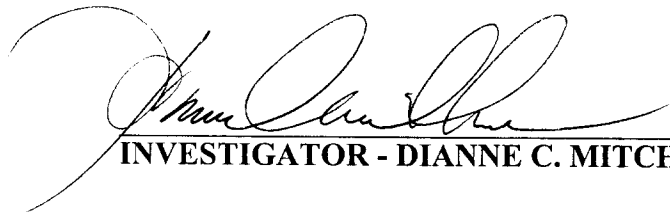
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

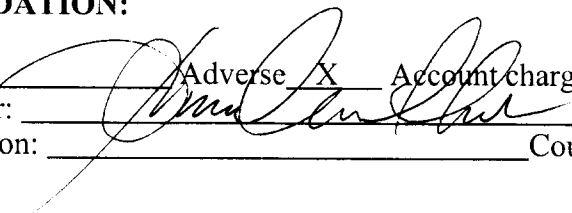
BASIS OF RECOMMENDATION:

Function: Governmental _____ Ministerial _____
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____
City not involved X Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____ 2P01 _____
Claims Manager:  Concur/date 04/14/04
Committee Action: _____ Council Action _____



March 05, 2004

ENTERED - 3-24-04 - SB
04L0189 - DIANNE MITCHELL

Atlanta Police Department
3940 Aviation Cir
Atlanta, GA 30336

Re: Insured: Heather & Trotter, scott Trotter
Claimant: Charles Eberly
Date of Loss: 02/06/2004
Claim Number: PA0001377066
CCPS Claim Number: YHR AC 81410
Your Insured:
Your Claim Number:

M. Miller
03/24/04
[Signature]

Dear Atlanta Police Department :

This is to inform you that The Hartford has made payment on behalf of its policyholder for damages arising out of the above-captioned occurrence.

Our investigation of this loss has determined that your insured is responsible for these damages.

Accordingly, attached for your consideration is our documentation of damages and liability to support this subrogation claim. Please submit your settlement check, made payable to The Hartford Financial Services Group to the office listed below. Please note that the amount of our demand of \$1426.34 may not reflect the total sum of all compensation due to our policyholder for this incident.

If you wish to discuss or dispute this matter, or if you require further information, contact:

The Hartford
Orlando Central Recovery Office
P. O. Box 958457
Lake Mary, FL 32795-8460
Phone: 1-800-824-1732

Sincerely,

Heather S. Miller, SCLA
Inside Claim Rep
(800) 637-5410 x61042

Writing Company Name: Twin City Fire

04-R-0679

Handling ID:
Subro - Letter #3 - Final to Carrier w/Doc - Tampa
HSM

The Hartford Insurance Company
Southeast Personal Lines
Claim Service Center
P.O. Box 30773
Tampa, FL 33630-3773
Telephone 813 286 8243
Toll Free 800 637 5410